

Annual Income	CLV, HD, NLV, etc.
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City of Las Vegas
Parks, Recreation & Neighborhood Services
FINANCIAL ASSISTANCE REQUEST

Type of ASST.	%
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Program & Site: _____

Name: _____ Phone: _____

Address: _____ Cell Ph: _____

City: _____ State: _____ Zip: _____ Work Ph: _____

Email Address: _____ Date Submitted: _____

Print names and requested information for everyone in the house including income. Include the person requesting assistance.

First Name	Last Name	D.O.B.	AGE	M/F	Asst. Used for	Monthly Income Per Person *	Race (See Below)	Ethnicity (See Below)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

For every member in the household, place in the box next to their name the code from the race category list below which best describes their race. Please also indicate if you consider your ethnicity to be Hispanic.

Race and Ethnicity Codes:

White - W	Native Hawaiian/Other Pac. Islander - NHOPI	Black/African American - BAA	Black & White - BAA
Asian - A	American Indian Alaskan Native & White - AIANW	American Indian/Alaskan - AIA	Other Multi Racial - OMR
Asian & White - AW	American Indian/Alaskan Native & Black - AIANB	Asian/Pacific Islander - API	Hispanic - H

Program Assistance Request:

- ☐ Safe Key ☐ Tot Program ☐ Summer Camp ☐ Memberships
☐ Rec Leagues ☐ Classes ☐ Seasonal Camps ☐ _____

The program under which you are receiving assistance utilizes City of Las Vegas Neighborhood Services Department, HUD funds. In accordance with the federal regulations governing the use of these funds, please supply the information requested below. This information is confidential and only for use by the public agencies providing this funding.

APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of assistance. *I hereby certify that my household size and income are as stated on this application. I consent to verification of this information by the service provider, the City of Las Vegas, or other governmental officials as required.*

 Signature of Head of Household

 Date

 Signature of Spouse

 Date

INCOME INFORMATION

Items needed (copies):

- * Photo ID, for head of household.
- * Monthly income for each member of the house with income (paycheck stubs, income tax statement.) Two paycheck stubs if paid bi-weekly. Four Paycheck stubs if paid weekly.
- * Other income documentation (child support, alimony, welfare, etc)
- * A letter from a Public Housing Manager, or copy of a current Section 8 Lease, will suffice if states income.

Please answer each of the following questions. For each "yes," please provide documentation.

YES	NO	Does <u>any</u> member of your household:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Live in Public Housing or receive Section 8 rental assistance?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Work full-time, part-time, or seasonally?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Expect to work for any period during the next year?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Work for someone who pays them cash?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Now receive or expect to receive unemployment benefits?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Now receive or expect to receive child support?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Now receive or expect to receive alimony?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Now receive or expect to receive public assistance (welfare)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Now receive or expect to receive Social Security or other retirement benefits?

Return additional information within one week of the review date. After the week, incomplete packets will be denied.

FOR PARKS, RECREATION AND NEIGHBORHOOD SERVICES STAFF USE ONLY

Forms Submitted

Photo ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Verification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Paycheck stubs for the month	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public Assistance Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other income documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City of Las Vegas residence	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Verified Annual Income:

Verified Income: ☐ Yes ☐ No ☐ Approved or ☐ Denied Amount: \$ _____ % _____
Type of assistance: CDBG, EOB, Other: _____ Letter Sent: _____

Reason for Denial: _____

Staff Submitting Request:	_____	Date:	_____
FA Processor's Signature:	_____	Date:	_____
Supervisor's Signature:	_____	Date:	_____

Contacted	Date	Message	Staff Name